



OFFICE OF THE STATE FIRE MARSHAL
Fire Extinguisher Program



APPLICATION FOR CERTIFICATE OF REGISTRATION

Please complete the following:

Check one: ☐ New Application ☐ Upgrade: Type currently held? _____

Check Type of Work to be Performed:

Name _____
Last First M.I.

1 ☐ Charge, recharge, inspect all extinguishers

Address: _____

2 ☐ Hydro wet and non DOT cylinders

City: _____ State: _____ Zip: _____

3 ☐ Hydro DOT/high pressure cylinders

Drivers License #: _____ SSN# _____ - _____ - _____ Telephone: () - _____

DOB: ____/____/____ Race: _____ Male: _____ Female: _____ Hair: _____ Eyes: _____ Hgt: _____ Wgt: _____

Have you taken the exam within the past 15 days?

☐ No ☐ Yes: Date ____/____/____

Have you ever had a Certificate of Registration before?

☐ No ☐ Yes: EE# _____

If so, was your Certificate of Registration ever denied, revoked, or suspended? ☐ No ☐ Yes
If yes, explain: _____

Please provide the following information regarding your employer*: *

Company: _____ Concern E# _____

Address: _____ Tel: (____) - _____ - _____

City: _____ State: _____ Zip: _____

I understand that false statements or misrepresentation of any information on this application will be grounds for denial of the document for which I am applying. I certify that all information provided hereon is accurate and truthful.

(Signature)

_____/_____/_____
(Date)

Return this form and \$55.00 fee to:

California Department of Forestry & Fire Protection
Cashier Unit/Fire Extinguisher Program
PO Box 944246
Sacramento, CA 94244-2460
TEL: (916) 445-8376

FOR OFFICIAL USE ONLY

ROC# _____ DATE OF NOE: ____/____/____ PROCTOR: _____

EE#: _____ TYPE PASSED: 1 2 3 DATE PASSED: ____/____/____